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| **California Department of Managed Health Care** |
| **Information Security Office – Data Loss Prevention Engineer (IT Specialist II)** |
| **Statement of Qualifications (SOQ)** |

**Candidate Name:** <your name here>

**Date:** <date here>

**Please answer the following questions:**

**1. Please explain your Data Loss Prevention experience.**

<provide response narrative here>

**2. What sets you apart from other candidates?**

<provide response narrative here>